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ABSTRACT

This paper provides information about conducting adventure-based counseling using a ropes course with adolescent psychiatric inpatients. Active learning in the process of therapy is widely accepted, but it is not clear how the complex nature of that relationship works and how programs should be structured to facilitate change. Theoretical foundations of experiential therapy can be traced to both Gestalt and cognitive therapies. Gestalt therapy stresses the link between behavior and emotion while cognitive therapy involves changing thinking to change behavior. Important considerations in establishing an institutional ropes therapy program include patient selection and contraindications, parent education and consent, staff facilitators and training, and safety. Keys to effective therapy include integrating experiential therapy into treatment and training and addressing the competence of experiential therapy staff. Group session begins with individual goalsetting, a structured exercise in which each patient makes a commitment to a specific personal goal (for the day) and to a group goal. An essential component of experiential group learning is processing the experience of each member and interactions among members to provide an opportunity for personal enrichment and change that otherwise might not take place. Documentation about each person's participation in the ropes group should include a detailed summary of what took place with that individual during the ropes course. Experiential education as a major adjunctive mode of therapy for adolescent patients is gaining increasing acceptance for positive behavior change. (LP)

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Experiential Therapy With Troubled Youth: The Ropes Course for Adolescent Inpatients

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Abstract

The ropes course is increasingly being utilized as an experiential therapy modality, especially for adolescents, as more mental health practioners become involved with adventure-based counseling. The theoretical foundations of adventure-inspired therapy are examined, with emphasis on the process of experiential education as well as the close parallels found in traditional psychotherapies such as cognitive and gestalt. In terms of the practical considerations of organizing and facilitating ropes course groups for adolescent patients, special attention must be given to training of staff, safety precautions, parental involvement, and contraindications for patient selection. With respect to the therapeutic effectiveness of the adolescent ropes group, several key factors are discussed. These include flexible planning, integrating experiential therapy into the treatment milieu, goal-setting by patients, group processing and good record keeping.

Introduction

Purpose of Paper

It is the intention of this paper to provide information and share insights about conducting adventure-based counseling using the ropes course with adolescent psychiatric inpatients. After an overview of the setting and population, and a discussion of theoretical assumptions, the paper will examine these topics: (a) important considerations in establishing an institutional ropes therapy program; (b) the keys to effective therapy for adolescent patients; (c) specific events and initiatives proven most effective for this population.

Background

In August, 1991, Mesilla Valley Hospital in Las Cruces New Mexico completed construction of an on-site professionally designed ropes course. The layout consists of eight separate high elements and a dozen low elements - all spread over several acres on the hospital's scenic high-mesa grounds in the Southern New Mexico desert.

Intensive staff training and certification was also completed immediately following construction. Initial training has been enhanced throughout the year with refresher sessions as well as training of new staff persons.

The MVH ropes course is utilized for experiential therapy with patients in the adult psychiatric unit, the adult chemical dependency unit, and the adolescent psychiatric unit. Patients are scheduled for supervised ropes course activities twice per week for sessions lasting from two to eight hours each.

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Mesilla Valley Hospital (MVH) is a JCOHA accredited 80-bed psychiatric hospital owned by United Psychiatric Group in Washington, D C.

Theoretical Foundations

Experiential Education and Counseling

For the purposes of this paper the terms "experiential" and "adventure," as well as the terms "therapy" and "counseling," shall be interchangeable.

Proponents of adventure therapy claim there are concrete values derived from participation in experiences where there is both challenge and perceived risk - the very characteristics apparent within the setting of the ropes course. Perhaps the most salient, but nebulous, of the traditional benefits often cited is the building of character. It is a value at the very core of Outward Bound, based on the philosophy of its founder, Kurt Hahn.

One of the theoretical bases of ropes course therapy (and other adventure-oriented activities) involves the principles of experiential education. Educational theorists from John Dewey to David Kolb have asserted that learning shapes human development, and that concrete experience is one essential mode leading to the achievement of higher-level integrated learning proficiencies. In the traditional experiential learning process, a person takes some action, observes the effects, begins to generalize, and finally modifies and applies what is learned to new situations - which is a new action, and a new sequence. It proceeds in a cybernetic, or feedback loop, operation.

In terms of counseling and psychotherapy, the basic model of experiential learning is based on the deceptively simple premise that intervention fosters learning which leads to insight, which in turn leads to short-term change, and then to permanent change. Change means new behaviors (including cognitions and emotions). At times, this seems to happen. Yet, helping professionals are painfully aware of many persons who fail to learn from their experiences, and do not change. Whereas the importance of active learning in the process of therapy is widely accepted, there is little agreement on the complex nature of that relationship, or how it should be structured and applied to facilitate change.

Connections with Traditional Psychotherapies

Gestalt Therapy

While adventure-based counseling may not have evolved directly from the traditional psychotherapies, there is ample support to be found within their theoretical foundations.

A readily apparent association can be made with Gestalt therapy, with its emphasis on experiencing the present and the self. In fact, Gestalt itself has often been called "experiential therapy." It is an approach to human change which encourages the patient to become more aware of how behavior and feelings are connected. The therapeutic aim of Gestalt (and ropes) is to heighten and expand self-awareness through close contact with one's total environment, it is often accomplished by means of focused body and emotional experiences. Gestalt and adventure counseling share an active focus on the "here-and-now;" they share an often exciting and physical orientation through extensive use of exercises; they share an implicit philosophy that encourages provocative and intensely emotional situations. Further, both are most frequently conducted in groups, and both contain a high element of therapist improvisation.

Cognitive Therapy

The distinguishing feature of the group of therapy approaches called "cognitive" is the rather commonsensical notion that what people think and say about themselves (i.e. their attitudes and ideas) is most relevant in dealing with the psychological problems of living. Self-attitudes seem to be particularly crucial. In this regard nearly all counseling programs that utilize adventure challenge target self-confidence and self-esteem as keys to individual change. One of the goals of the ropes course is to change automatic thoughts of "I can't" to "I can." Cognitive therapists posit that people react to events in terms of the meanings that they give to the events; experiential ropes activities utilize the power of metaphor in order to encourage the learner to create new. more adaptive meanings for events. It is reeducation, but in an indirect way.

One of the therapies encompassed within the cognitive domain is Rational-Emotive Therapy (RET), an approach that seems particularly relevant as a comparative foundation for adventure-based interventions. RET maintains the premise that psychological disturbance stems from faulty beliefs, and that through challenging these beliefs and then altering them, patients change to more adaptive behavior patterns. RET, like ropes therapy, encourages the confronting of fears and the taking of risks; it helps clients toward self-direction and personal responsibility. A fundamental goal of RET is for the client to rethink and reconceptualize himself in a way similar to the ropes goal of stimulating the group member to go beyond old limits. (In fact the ropes course at MVH is called "Boundless Journey," signifying the idea of exceeding previously self-imposed personal limits.) Both RET and experiential therapists usually take an active teaching role, since educating the client in new self-strategies is important. When working with adolescent patients, whose insight and verbal skills are often limited, active explicit teaching through group processing is a productive strategy. Both modes of therapy can be quite provocative, intense, and confrontive, within the nonjudgemental ideal of each patient as a person.

Thus, it can be seen that, while adventure-based experiential therapy has not been labeled either "Gestalt" or "cognitive" therapy per se, there is a strikingly close association. There is a shared theoretical foundation which combines cognition and reason with experiential-emotive and behavioristic factors. In terms of Gestalt roots, emotional expression in the immediate present becomes a therapeutic factor. With cognitive roots, the essence is encouraging and facilitating individuals to change their thinking and attitudes. For adolescent patients doing ropes activities there is frequently a press to modify specific attitudes about trust, ownership of behavior, cooperation, and self-concept. But many other issues are addressed as well. In the next section, considerations regarding how patients and their issues are treated in the ropes therapy group will be examined.

General Considerations

Patient Selection and Contraindications

For most psychiatric institutions that specialize in or include treatment for adolescents, the challenge lies in managing and facilitating change in behavior. Regardless of the underlying etiology, some problem concerning interpersonal behavior is most likely what led to the child sent for institutional treatment. Within certain limitations, behavioral difficulties can be effectively addressed through adventure therapy.

However, there are a number of patient characteristics and situations that constitute contraindications for adventure therapy utilizing the ropes course. These are summarized below.

- overt threats to self or others

- gross instability
- persistent violent acting out
- medication that dulls psychomotor response or awareness
- patient on early observation
- expressed intention to have an "accident"
- severe psychosis (e.g. schizophrenia)

Although the above is not a comprehensive list of contraindications, it suggests key areas where caution is necessary. For this reason ropes course facilitators should be staff persons who are familiar with the patients and their behavior. Since most accredited hospitals require a doctor's order (from the attending physician) in order for the child to participate, the patient's doctor should be appraised of circumstances that may suggest disallowing participation.

Parental Education and Consent

If it is possible, parents or primary caregivers should be informed thoroughly about the nature and specifics of ropes course activities. A descriptive handout is helpful. Without question, parents must provide their written consent on a formal document — a release form, which should be reviewed and approved by legal counsel. Parents are encouraged to ask questions about the ropes activities. Often accomplishments in ropes are a source of pride which the child eagerly shares with the parents.

At MVH, parental involvement is taken even further. Parents (or caregivers) are strongly encouraged to participate with the child in the form of "Multi-Family Ropes Group" held on Saturdays. Here families work together as units within the larger group; the arrangement is one that typically evokes important opportunities for therapeutic intervention. It is a group event requiring more staff and planning, but one very powerful in its process and outcome.

Staff Facilitators and Training

A great deal has been written about development of outdoor leadership skills and effective training for counselors using adventure modalities. The emphasis here is on attributes and skills that are especially important considering the exceptionally demanding nature of the client population, namely seriously troubled teens. In addition to solid leadership skills (which ought to be a given), some of the personal traits possessed by hospital staff persons who work with the ropes group include enthusiasm, assertiveness, flexibility, resourcefulness, a high level of interest in kids, and a healthy sense of humor. Ropes group facilitators need a solid grounding in group process ("soft skills"), along with technical expertise ("hard skills") in ropes course work and other specialty areas.

Staff training should be an ongoing feature of any institution's experiential therapy program. It should include formal training of new therapists, regular refresher training, sessions for enhancement of skills, and cross-training whereby staff can share expertise. Staff organizational development for ropes activities should also incorporate ancillary training in cardio-pulmonary resuscitation (CPR), prevention and management of aggressive behavior (PMAB), basic first aid, and other areas that are appropriate.

Safety

It has been noted that much of the risk on the ropes course is perceived - but it is a dangerous environment, and there are real risks for patients getting hurt. Safety on the ropes course must be a state of mind for staff; it should be the highest priority, coinciding with the ethical standard of patient welfare. Since many of the activities create physical and emotional demands, maintaining

a safe environment (amidst the challenge of ropes events) should go beyond what is reasonable and customary for other settings. As many ropes therapists will testify, Murphy's Law is often in effect: if something can go wrong, it will, and at the worst possible moment. But Murphy's law can be overruled by thoughtful planning, preparation, awareness and rigorous adherence to sound safe practices.

Adolescent patients are often a particularly challenging group on the ropes course, partly because of the very problem behaviors that led to placement in the hospital. They can be impulsive, aggressive, self-destructive and seemingly oblivious to the well-being of their peers; some are passive and unconcerned with their own welfare; others are manipulative; still others enjoy taking extreme risks and experimenting with danger. Along with problem behaviors and attitudes that pose a safety problem, there is an ever-present danger of elopement.

Ropes course facilitators should influence group members to think safety. Safety rules and safe procedures - such as wearing helmets on and near high elements - should not be relaxed. Having a safe group should be discussed early in each session. Finally, ropes staff should set the example with safe practices.

Keys to Effective Therapy

Integrating Experiential Therapy Into the Treatment Milieu

For an institution to make the ropes group (or any other form of experiential therapy) truly effective as a therapeutic intervention it is important to achieve a consensus among administrative and operational staff that the program's status is parallel to other therapies. Evidence that a ropes program is not broadly supported often appears in subtle but disruptive ways, such as patients being pulled out of group for interviewing or testing, and frequent conflicts over schedule times.

On the other hand, when the ropes program is viewed with a genuine sense of purpose and priority, schedules are prepared carefully, appropriate staffing is assured, the proper apparatus and gear is provided and maintained, and conflicts are avoided by advance planning. At MVH, the physicians were encouraged to participate in a special basic training and orientation course on ropes, resulting in their strong interest and support.

Experiential Therapy Staff: Training, Competence and Planning

While occasional impromptu activities are expected, there is no substitute for careful planning. In particular, administrative planning and programming is critical in the areas of scheduling (times and facilities), staff training, safety, special outings and accommodating outside groups.

One of the most difficult aspects of planning is the ongoing allocation of competent staff to the ropes program. Of course, both patient census and personnel turnover tend to compound the difficulty. Nevertheless, the following point deserves special emphasis: in order to be therapeutically effective, each ropes group must be led by a suitably trained and experienced facilitator, meaning a genuine therapist at the masters level or above. With groups of more than eight (8) adolescents there should be two therapist-facilitators, with adequate mental health technicians or nursing staff as backup.

The reasoning for this guideline is fairly simple. Ropes activities often evoke intense emotional responses from patients; there is often a demand for conflict resolution within the group; unpredictable situations are often precipitated spontaneously requiring calm and quick therapist reaction. Mental health professionals with formal graduate training (e.g. MA, RN, MSW), who are

experienced in group process and individual therapy, are more likely to manage intervention in stressful situations in a way that results in positive therapeutic outcomes.

Goal Setting

Ample evidence in the literature supports the assertion that when adolescents set concrete daily goals the effectiveness of acute psychiatric care are enhanced. The desirability of disciplined goal-setting is even more apparent in the ropes group. At MVH each group session begins with individual goal-setting, a structured exercise in which each patient makes a commitment to a specific personal goal (for the day) and to a group goal. Following are examples of each. Personal goal: "To manage my anger by expressing my feelings with 'I' statements and voluntarily taking time-out when I'm upset;" Group goal: "To work hard at cooperating with the group so that the events are safe." During multi-family ropes group adolescents make both a personal goal and a family goal. A family goal might be: "Finding more trust between me and my mom by working together and talking appropriately."

Processing

One of the absolutely essential ingredients of experiential group learning is "processing", a term associated with encouraging the learner to reflect and discuss what was recently experienced. Experiential activities (like completing a high climbing element) and exercises act as catalysts for conducting energized interaction among group members. It is specifically through the processing work that learning occurs.

During ropes course therapy at MVH the therapist facilitates processing at several points throughout the session: initially with goal-setting and presentation of activities; immediately after an event or initiative in the form of debriefing; sometimes in the middle of an exercise (if important issues or difficulties arise); and always at the end of the session to provide consolidation of learning, evaluation of the group, and closure. Processing is aimed at exchanging affective and cognitive meaning for and between group members. The creation of personal meaning for individuals through emotional processing tasks is a therapeutic strategy, often shared jointly by experiential interventions and traditional psychotherapy, especially when the use of metaphor is involved.

To be truly effective, processing requires considerable group leadership skills. Some of the most critical of these are good questioning technique, expressions of empathy, and the ability to focus the group. An example of a facilitator's question intended to initiate group processing after an experiential exercise might be, "How do you imagine others felt toward you at certain times during our activity?" Another could be, "How did you notice your role change as the group worked together in successfully completing the activity?" In terms of closure to an exercise, questions such as "What did you learn about yourself?" and, "In what ways can you use what you learned in other life situations?" are often evocative, and stimulate the transfer of learning. Thus, processing the experience of each member, as well as interactions between members, provides an opportunity for personal enrichment and change that otherwise might not take place.

Good Charting and Records

In non-hospital settings there is less need to maintain elaborate formal records on participants. Within a psychiatric hospital or residential treatment center, however, a patient's formal record (i.e. chart) and the extensive information kept therein are extremely important. A careful record is kept of the patient's activities, behaviors, responses to therapy, testing, physical condition and progress. By reading ongoing entries in the patient's chart members of the treatment team keep themselves aware of what is going on with that patient. It helps them anticipate problems and needs.

Good charting after a ropes group session communicates significant facts and impressions regarding the patient's participation. Writing about each person's participation in the ropes group should include at least the following information: activities and events attempted and completed; behaviors that stood out; level of participation (e.g. enthusiastic, disinterested, passive, etc.); interactions with other group members; noteworthy incidents (e.g. aggressive or unsafe acts); overall affect and changes thereto; successes and reactions to accomplishments; progress on previously articulated goals; significant comments made in processing; other aspects of the session that impacted the patient; therapist's general comments. This may seem like a tall order to write about each patient in this way; but it should be the informative and concise summary of an entire half-day of intense work.

Summary

During the past 20 years adventure-based counseling has gained enormous popularity, as many institutions are adding ropes courses to their therapeutic milieu. Experiential education as a major adjunctive mode of therapy for adolescent patients seems to be gaining increasing acceptance. In addition to the idea that processes in ropes mirror those found in traditional psychotherapies, proponents point to the perceived risk, the group orientation and the provocative nature of ropes activities as significant factors that facilitate change. As more mental health settings adopt adventure therapies, such as the ropes course, it will become even more critical that well-trained staff persons understand and apply sound principles and practices.